



## **Application for Placement on the SOMB Approved Provider List**

This application is for placement on the Illinois Sex Offender Management Board (**SOMB**) Approved Provider List. This list will be made available to court systems and the public to assist them in finding qualified evaluators and treatment providers in the specialized field of sexual offender work. You may apply only for the treatment list, only for the evaluator list, or for both. For this list, providers working with adult and juvenile clients are not being separated.

**PLEASE NOTE:** All information provided by the applicant may be available to the public through placement on the SOMB Approved Provider List. If any contact information changes, it is the responsibility of the Provider to promptly notify the SOMB of the new information.

**INSTRUCTIONS:** Submit completed application along with the following supporting documentation. This includes, but not limited to, providing a:

- *Résumé or curriculum vitae*
- *Copy of licensure(s)*
- *Copy any certificate(s) of trainings / seminars attended*
- *Or other documentation of your experience relevant to treatment and/or evaluation of sex offenders*
- *Completed Application for Placement on the Provider list (below)*

Your completed application and documentation may be submitted via fax to (217) 522-1957 or by mail to the following address:

*Alyssa Williams-Schafer  
Illinois Department of Corrections  
1301 Concordia Court  
Springfield, IL 62794*

Questions regarding this form or the application process may be directed to Alyssa Williams-Schafer at 217-558-2200. Please be aware that the listing for approved providers may be accessed at <http://www2.illinois.gov/idoc/Pages/SexOffenderManagementBoard.aspx>

If any of the information submitted on your original SOMB application changes, you must submit those, in writing, to the above address and your file will be updated accordingly.



## Application for Placement on the SOMB Approved Provider List

### I. PROVIDER INFORMATION

Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please list languages, other than English, that you speak or sign fluently and in which you can provide services: \_\_\_\_\_

Please list the county(ies) in which you provide or intend to provide services: \_\_\_\_\_

Please list currently held licenses and/or certifications: \_\_\_\_\_

I currently provide the following services (check all that apply):

\_\_\_\_ SEX OFFENDER EVALUATION

\_\_\_\_ SEX OFFENDER TREATMENT

\_\_\_\_ ADULT OFFENDERS

\_\_\_\_ JUVENILE OFFENDERS

### II. TREATMENT PROVIDERS

**IF YOU ARE APPLYING FOR PLACEMENT ON THE APPROVED TREATMENT PROVIDER LIST,  
PLEASE INITIAL EACH ITEM BELOW TO ATTEST YOU MEET THAT QUALIFICATION:**

\_\_\_\_ I have a Bachelor's degree or higher in a behavioral science.

\_\_\_\_ I meet the definition of Licensed Practitioner of the Healing Arts (LPHA) as defined in 59 Ill. Adm. Code 132.25 (Applicable to Juvenile providers only).

\_\_\_\_ I have 400 hours of clinical experience in the treatment of sex offenders within the last 4 years, at least 200 of which are face-to-face therapy with sex offenders.

\_\_\_\_ I have at least 40 hours of documented training in the specialty of sexual offender assessment/treatment/management.

- \_\_\_\_\_ I agree that in addition to adherence to the generally accepted standards of my mental health profession's standards, I will adhere to the Code of Ethics (2001 Edition) published by the Association for the Treatment of Sexual Abusers (ATSA).\*
- \_\_\_\_\_ I agree to conform my treatment practice with adult sex offenders with the SOMB standards of practice outlined in 20 Illinois Administrative Code Part 1905.\*\*
- \_\_\_\_\_ I agree to conform my treatment practice with juvenile sex offenders with the SOMB standards of practice outlined in 20 Illinois Administrative Code Part 1910, if applicable.\*\*

### III. EVALUATORS

#### IF YOU ARE APPLYING FOR PLACEMENT ON THE APPROVED EVALUATION PROVIDER LIST, PLEASE INITIAL EACH ITEM BELOW TO ATTEST YOU MEET THAT QUALIFICATION:

- \_\_\_\_\_ I have a Bachelor's degree or higher in a behavioral science.
- \_\_\_\_\_ I meet the definition of Licensed Practitioner of the Healing Arts (LPHA) as defined in 59 Ill. Adm. Code 132.25 (Applicable to Juvenile providers only).
- \_\_\_\_\_ I have 400 hours of clinical experience in the evaluation of sex offenders within the last 4 years, at least 200 of which are face-to-face therapy with sex offenders.
- \_\_\_\_\_ I have completed at least 10 sexual offender evaluations in the past 4 years.
- \_\_\_\_\_ I have at least 40 hours of documented training in the specialty of sexual offender evaluation/treatment/management
- \_\_\_\_\_ I agree that in addition to adherence to the generally accepted standards of my mental health profession's standards, I will adhere to the Code of Ethics (2001 Edition) published by the Association for the Treatment of Sexual Abusers (ATSA).\*
- \_\_\_\_\_ I agree to conduct all sex offender evaluations in accordance with generally accepted standards of practice in the sex offender evaluation community and as described in the SOMB standards of practice, outlined in 20 Illinois Administrative Code Part 1905.\*\*
- \_\_\_\_\_ I agree to conform my evaluation practice with juvenile sex offenders with the SOMB standards of practice outlined in 20 Illinois Administrative Code Part 1910, if applicable.\*\*

### IV. APPLICANT ATTESTATION

#### ALL APPLICANTS MUST INITIAL TO ATTEST TO THE FOLLOWING:

- \_\_\_\_\_ I understand that submitting false information will result in my removal from the SOMB approved provider list.
- \_\_\_\_\_ I attest that I have never been convicted of any felony nor of any misdemeanor involving a sexual offense, as that term is defined in 720 ILCS 5/11-9.3(c)(2)
- \_\_\_\_\_ My licensure has not been placed on inactive status, nor has my license been suspended, revoked, non-renewed, nor placed on probationary status by any professional licensing body.
- \_\_\_\_\_ I have never been found by any licensing body to have engaged in any unprofessional or unethical conduct.
- \_\_\_\_\_ I have not engaged in deceit or fraud in connection with the delivery of services, supervision, or the documentation of my credentials.
- \_\_\_\_\_ I agree to immediately notify the SOMB of any change in my status regarding statements 3 to 6 in this section.

#### BY MY SIGNATURE BELOW, I AFFIRM THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\*ATSA Code of Ethics is available from ATSA at [www.atsa.com](http://www.atsa.com) or ATSA, 4900 S.W. Griffith Drive, Suite 274, Beaverton, Oregon 97005.

\*\* 20 Illinois Administrative Code Part 1905 and 1910 are available through

<http://ilga.gov/commission/jcar/admincode/020/02001905sections.html>

<http://ilga.gov/commission/jcar/admincode/020/02001910sections.html>